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Bib Data Sheet

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/652,036   | <b>FILING DATE</b><br>08/31/2000<br><b>RULE</b> -   | <b>CLASS</b><br>704           | <b>GROUP ART UNIT</b><br>2641   | <b>ATTORNEY DOCKET NO.</b><br>0307-0144P |
| <b>APPLICANTS</b><br>Jeffrey C. Micher, Pittsburgh, PA ;<br>Marianne Cameron, Dalton, OH ;<br>Doug N. Miller, Berlin, OH ;<br>Paul Andres, Huepederstr, GERMANY;<br>Jurgen Babst, Hessen, GERMANY;<br>Bruce R. Baker, Pittsburgh, PA ;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/24/2000</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>James M. [Signature]</i> Allowance<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>PA | <b>SHEETS DRAWING</b><br>20   | <b>TOTAL CLAIMS</b><br>97                |
|  |   |                               | <b>INDEPENDENT CLAIMS</b><br>6  |  |
| <b>ADDRESS</b>   |   |                               |   |  |
| 2292   |   |                               |   |  |
| <b>TITLE</b>   |   |                               |   |  |
| Linguistic retrieval system and method   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1233   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |